

# NEWSLETTER

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### Letter from the Editor

Dear Colleagues,

Pamela Blythe, who has been a key person for IOHA and a good friend to all of us somehow connected with IOHA, is going to retire. We are all sad but also glad for her because we are sure she will start a new, happy, relaxed and rewarding phase of her life. I take this opportunity to thank Pam for all she has done for IOHA and for the incredible work she has done to post (beautifully) our Newsletter and wish her the very best ! I have asked some (not all because there would be no place for so many ☺) Board Members to express their appreciation to

Pam and you may see their comments, right after Pam's article on her involvement with IOHA.

This issue was supposed to be shorter, because it was decided to have three and not two IOHA Newsletters per year; however, somehow it got long again, therefore I am making my letter very short.

Over the years, all of us have worried about obstacles to prevention and an important one is lack of political will on the part of decision makers at all levels. The underestimation of occupational health problems and the lack of knowledge on available possibilities for their solution have certainly contributed to that. Our next issue (November 2009) will give much attention to this matter and any contribution from readers would be most welcome, even if only one example of a proven case of underestimation of an occupational disease.

Although October 2010 seems far away, time flies, so start planning your participation at the 8<sup>th</sup> IOHA International Scientific Conference (see below the deadline for abstracts). Not only the programme is excellent, with very timely topics, but it will be in Rome! no need to comment ☺

As always, I would like to thank all of you who sent contributions, and ask for comments and suggestions for the improvement of this Newsletter.

Best greetings to all.

Berenice Goelzer  
[berenice@goelzer.net](mailto:berenice@goelzer.net)

## Pamela Blythe is retiring from IOHA

### IOHA—A Personal History

Sent by Pamela Blythe, E-mail: [pamela.blythe@ioha.net](mailto:pamela.blythe@ioha.net)



As I approach my final few months of service to IOHA, I thought I would chronicle my involvement with IOHA since 1991.

Way back then, IOHA had only been formed for four years and, apart from the inaugural meeting, had only held one meeting per year.

Working relationships had not really been formed and everyone appeared to be blaming the Secretariat for the fact that nothing much was being

done. One of the first jobs I was asked to do, in order to try to establish the fact that the lack of activity wasn't actually the Secretariat's fault, was to keep a log of requests to Board members for information on their actions (quite a long list) and a log of replies of what had actually been done (quite a short list). All this was in the pre-email era, so all the communication was by letter, fax or land-line telephone and, therefore, quite a long-winded process.

The first Board meeting I attended was in Edinburgh in September 1991, a meeting associated with BOHS' Inhaled Particles VII conference. I think I was probably there more as an observer than having a function, and I

remember having great difficulty in understanding what was being said, not just because of the number of different accents in the room, but because the “language” of occupational hygiene was virtually unknown to me.

Having survived the Edinburgh experience, BOHS then demonstrated its commitment to running the IOHA Secretariat by funding my travel and accommodation to the next Board meeting so that I could provide on-site support for the Board in addition to the regular office based support. That meeting took place in Brussels in December 1992 and was held in association with the 1st IOHA International Conference, organised jointly by the Dutch and Belgian Associations. After that IOHA concluded that Secretariat support at each of its Board meetings was crucial and agreed to fund them in the future. I don't think I've missed one since.

The presence of regular Secretariat support at Board Meetings, coincided with an improvement in working relationships between Board Members and led IOHA to complete two vitally important forward steps towards becoming a credible organisation, by achieving NGO status with both WHO and ILO. Since then these two NGO relationships have played a central role in IOHA's strategy and workplans.

Another crucial IOHA activity is its international conferences (1st in Brussels, Belgium 1992, 2nd in Hong Kong 1994, 3rd in Crans Montana, Switzerland in 1997, 4th in Cairns, Australia in 2000, 5th in Bergen, Norway in 2002, 6th in Pilanesberg, South Africa in 2005 and 7th in Taiwan in 2008). All these conferences have been a great success and brought a long-lasting impact to the membership organisations who were responsible for putting them together. Two further conferences are planned, Roma in Italy in September 2010, and Kuala Lumpur in Malaysia in 2012. The Kuala Lumpur conference will also coincide with IOHA's 25th anniversary.

So, having been involved with IOHA since 1991, I am now stepping down and moving on to other things; the Board meeting in Bilbao in October 2009 will be my last. My place as Executive Secretary of IOHA has been taken by Sandi Atkinson ([sandi.atkinson@ioha.net](mailto:sandi.atkinson@ioha.net)). She and I are working in parallel until Bilbao after which she will assume full control, and I wish her the very best. I have very much enjoyed working with IOHA, where I have met people who are exceptionally dedicated in their promotion of occupational hygiene, and I wish them and IOHA every good fortune for the future.

### Some messages from the IOHA President and Board Members, from many different countries, many of whom are past presidents

**From Danilo Cottica, Italy, IOHA President** “When I joined the Board many years ago I had a lot of problems in understanding English (you are thinking also now?) but Pam was very patient with me and explained to me “slowly” about the situation and/or the decisions to be taken; she “interpreted” my sentences and always understood what my opinion was! What a big help she has been to me and how patient with my delay in answering to her request for opinion. Pamela knows all about IOHA; she is the “historical memory” of IOHA, and has an answer for every question and a proposal to solve the problems of a “multiple language and countries” Association. Pam, you are leaving your position in IOHA just now that I am President... I shall really miss you!!! But I am confident in the future because you told me that I shall be in “new good hands”! Hi Pam, take care of you!

**From Tom Grumbles, USA, IOHA Immediate Past President** “With Pamela's retirement I of course have very mixed emotions. I am very happy and in fact envious of her being able to enter this next phase of life of “leisurely retirement”. I am however saddened and wondering how IOHA will go on without her. She is the “corporate” history and quite literally a walking history book of all things IOHA. Her ability to bring me current on any historical matter with a simple phone call has been very valuable in my time on the IOHA Board. She will be missed.”

**From Michel Guillemin, Switzerland** “Although Pamela started her work one or two years after I was president of the IOHA, I have worked with her many times and I have enjoyed her nice character, as well as her professionalism and efficiency. She helped IOHA to become a more visible Association, thanks to the website and her fruitful and intelligent contribution.”

**From Kurt Lechnitz, Germany** “From the very beginning, I know Pamela very well. I enjoyed the cooperation with her, and I have appreciated her advice for many years. I agree with Tom; Pamela is IOHA's walking history. And I really hope she will give us her home phone number to keep her busy with our tricky questions.”

**From TW Tsin, Hong Kong** “I remember that the first time I met Pamela was in Hong Kong for the IOHA Board Meeting in 1994. She was always cheerful and humorous. She was most friendly and knew everything that was happening in the Board during meetings. I am very much obliged to work with her for so many years, in particular during the period as the Secretary and Treasurer, when she was most helpful and assisted me in working out all the documents, and of course when I was IOHA President, in dealing with the formality of convening the meetings. As she chooses to retire, I believe IOHA will miss her and so will I. I sincerely, and on behalf of colleagues in Hong Kong, hope that she will be forever happy and cheerful. Good luck and good wishes to her.”

**From Rob Ferrie, South Africa** “I have been the southern Africa representative on IOHA for well over 10 years now and Pamela has been the one constant over all that time. During all that time and particularly through my period on the Executive; as President-Elect, President and now Immediate Past President, I could always rely on Pamela to explain why things had been done a certain way, to efficiently organise the Board's affairs and for her sage advice on how to handle new issues as they arose. I wish her a happy and peaceful retirement. Although, for the life of me, I can't see her being happy to rest on her laurels for too long. All my very best wishes, Pamela, wherever your path takes you next.”

**From Masayoshi Karasawa (JAWE, Japan)** "I am disappointed with Pamela's retirement from IOHA. It was my pleasure to meet her in so many IOHA Board meetings. Since May 2003, when the Japan Association for Working Environment Measurement (JAWE) was approved to join IOHA, she helped us and gave us many good advices with regard to Occupational Hygiene. On this occasion and on behalf of JAWE, I express our sincere gratitude for her great contributions in the field of Occupational Hygiene. However, as I heard that her retirement means to enter her next phase of leisurely life, I wish her a happy and healthy future."

**From David Zalk, USA** "There is no doubt she was a consummate professional, nose to grindstone with the IOHA Board, maneuvering until a motion was captured and passed. Just the same, I remember her quick, dry wit that would make capturing a smile from her quite a charming moment. All good memories that are as well cherished as the aged, oaked Wild Turkey, a gift for her husband, that I would willing to trade her for some chocolates. The good times, however, these I would never trade. All the best in your extended holiday, Pamela !"

**From Guy Bourgeoisat, France** "During my 15 years as IOHA Board member (starting in 1994), I could appreciate

the professionalism of Pamela. Meetings are always very well organized and accurately documented. She is a blessing for the non English-speaking members because not only she speaks so clearly but she somehow understands what everybody says □ I will remember Pam as a good friend and I wish her all the best for her new opportunities and I am sure Pamela will be excellent in this matter too."

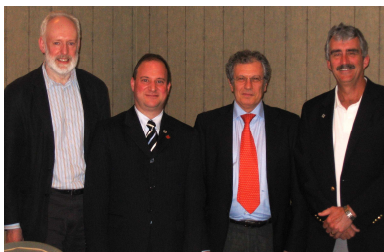
**From Zack Mansdorf, USA** "I hope when we think of IOHA, we will always think of Pamela.....the Godmother and the wind behind the sails. Congratulations to you Pamela. You can really be proud of what you have done."

**From Ton Spee, the Netherlands** "While IOHA board members come and go, IOHA and Pamela have been together since IOHA's foundation. It will be strange for IOHA to move on without Pamela, who has been the Association's collective memory. During my presidency I co-operated closely with Pamela, and I enjoyed very much her way of working, both professionally and personally. Very modest, but she always has the right word at the right time. Pamela, I wish you all the best and do enjoy your new situation."

## NEWS from the IOHA BOARD

### IOHA Annual General Meeting, 31 May 2009, Toronto

The second Annual General Meeting (AGM) of IOHA was held in Toronto, Canada on 31 May 2008. The business of the meeting, chaired by the President, Tom Grumbles (pictured here on the far right),



included accepting the minutes of the first AGM, re-appointing the auditors and the outcome of the nomination process for the posts of President-Elect and Secretary-Treasurer. There was only one nomination for each position, so Luc Hamelin of Canada (pictured 2<sup>nd</sup> from left) was declared President-Elect for 2009-2010, and Hugh Dalrymple of the UK (pictured left) was declared Secretary-Treasurer for 2009-2011. (also in this picture is Danilo Cottica 2nd from right)



Having declared the meeting closed, Tom Grumbles handed the Association's gavel over to Danilo Cottica (Italy), who will be President of IOHA for 2009-2010.

### Report from the IOHA Board Meeting, 31 May 2009, Toronto, Canada

1. The meeting was held in Toronto, Canada, chaired by Tom Grumbles (President) and attended by

representatives of ACGIH, the Australian, Brazilian, British, Canadian, Dutch, French, Hong Kong, Italian, Korean, Norwegian, Southern African, Swiss and Taiwanese organisations, with Pamela Blythe from the Secretariat in attendance and Deon Jensen van Vuuren (Southern Africa) as an observer. Apologies for absence had been received from the organisations in Finland, Germany, Ireland, Japan (JAWE and JOHA), Malaysia and Sweden.



2. The Board received the final report and financial statement from its 7<sup>th</sup> International Scientific Conference, held in February 2008 in Taipei, Taiwan, and thanked the organisers for a well-organised and very successful event.

3. In addition to Danilo Cottica, three members of the Organising Committee for the 8<sup>th</sup> International Scientific Conference, to be held in Rome, Italy, 28 September - 2 October, attended part of the Board Meeting to give a presentation on progress with the organisation. The Call for Papers for the conference is now available from [www.ioha2010.org](http://www.ioha2010.org) and the deadline for submission of abstracts is 1 December 2009.

4. Although a representative of the Malaysian Association was not able to attend, an update was presented of the arrangements to date for the 9<sup>th</sup> IOHA International Scientific Conference to be held in Kuala Lumpur,

Malaysia in 2012. This Conference will also mark the 25<sup>th</sup> Anniversary of IOHA.

5. The Board was pleased to agree to a proposal from Berenice Goelzer, the IOHA Newsletter Editor, to increase the number of issues of the Newsletter from two/year (April and October) to three/year (February, July and November). The next issue of the Newsletter will, therefore, appear during July 2009.

6. The new IOHA website is gradually being populated with information and attachments, although any offers of appropriate, suitably good quality photographs (minimum (w) 300 pixels x (h) 250 pixels @ 72 dpi) would be welcomed.

7. The problem of falling membership numbers with the member organisations of IOHA was discussed, with those present agreeing to share details of any membership retaining/recruiting initiatives they were using.

8. The regular report from the NAR Committee was received and discussed. Minor amendments were agreed to the Committee's Charter and this will be published shortly on the IOHA website.

9. The Board is in the final stages of approving a position paper on Control Banding, which will be published on the

website during July, and a REACH position paper, which should also be published shortly.

10. Roger Alesbury gave a presentation on the international training and qualifications initiative, which provoked a lively question and answer session. The IOHA Board is considering signing a Memorandum of Understanding with those involved in this initiative.

11. The British Occupational Hygiene Society (BOHS) has provided the Secretariat for IOHA since IOHA was formed in 1987. The Memorandum of Understanding between the two organisations, last signed in 1998, has been revised to bring the procedures up to date and re-signed.

12. IOHA has accepted ICOH's invitation to participate in reviewing and revising its Code of Ethics and asked Michel Guillemin (Switzerland) to be its representative on this initiative.

13. Some years ago, WHO published a document entitled *Basic Occupational Health Services*, of which IOHA has been critical. Now that the document is under review, IOHA will be providing feedback to WHO on ways in which the document could be improved.

14. The next meeting of the Board will be on 8-9 October 2009 in Bilbao, Spain. The meeting will be hosted by the European Agency for Health and Safety at Work.

## **8<sup>th</sup> IOHA International Scientific Conference – Rome 2010**

### **HEALTH, WORK AND SOCIAL RESPONSIBILITY**

#### ***The occupational hygienist and the integration of environment, health and safety***

IOHA will hold its 8<sup>th</sup> International Scientific Conference in Rome, from 28 September to 2 October 2010. The event is being organized by AIDII, the Italian Association of Industrial Hygienists, on behalf of IOHA. The co-organizers are INAIL and ISPESL - two Italian institutions responsible for the prevention and insurance of occupational risks. The official conference language will be English; some sessions will be translated into Italian or other languages.

This Conference will bring together an international panel of experts to discuss social responsibility strategies for the decade of 2010-2020, as well as occupational hygiene methods and tools needed in countries with different levels of industrial development and current occupational hazards related to new emerging technologies and social scenarios.

Rome 2010 will represent a fundamental step towards ensuring that occupational hygienists play a leading role in the new integrated markets of Environment, Health & Safety, adapting their professional profile to new requests emerging with Social Responsibility, Sustainable Development and the increasing complexity of a multidisciplinary scenario.

Specific topics will address both traditional occupational hygiene and "new frontier" issues, emphasizing innovation and integration of competences.

Further information, including detailed topics, may be found at the Conference website: <http://www.ioha2010.org/> that will be regularly updated.

**Important Deadlines:** The deadline for submission of abstracts, both for presentations and posters, is 1<sup>st</sup> December 2009. The deadline for Early Bird Registration is 28 May 2010.

## **IOHA Collaborations**

### **Report on the 5<sup>th</sup> International Control Banding Workshop (5ICBW)**

**Sent by David M. Zalk, IOHA**  
**E-mail: [j.zalk@comcast.net](mailto:j.zalk@comcast.net)**

Wednesday morning prior to the day's events at the

ICOH Congress, I was taken by the contrast that split



my senses. To my right was the downtown skyline of Cape Town and the Conference Center, dramatically presented before the backdrop of Table Mountain. Immediately diverting my attention, however, was the distinct odor of ozone. To my left, about 2000 meters from the Conference Center, was a fenced off work area with a compilation of old ships in varying states of dismantlement. The whiff of ozone immediately let me know that this work area that had piqued my interest was indeed a site for ship breaking and the day's activities had commenced. Curiosity had gotten the best of me, so camera in hand I followed my nose until from a distance the noise from grinding and the sparks from acetylene torch cutting confirmed my instincts.

The occupational hygienist in me, or perhaps the CB in me, looked immediately for the controls and PPE in place. Some respirators were on the worksite, however they adorned necks and heads rather than faces. Dust masks were most likely to be seen, however even these were not donned appropriately. Hearing protection was sparse, safety barriers were randomly in place, fall protection was absent, and ergonomics was not even in the picture (Photos montage below).



All at once, the value of CB was in focus. On my way to a workshop that focuses on the world's actions and activities with CB, I could immediately see how modest local exhaust ventilation could have captured fumes, Barrier Banding could offer mechanisms to ensure safety was implemented, and minor workstation changes would have greatly reduced ergonomic stressors. We have come a long way over the past four International Control Banding Workshops, but there is still a longer path in store.

### **International Growth of CB and Occupational Hygiene**

The 5<sup>th</sup> International Control Banding Workshop (5ICBW) was held on 25 March 2009 as part of the 29<sup>th</sup> ICOH International Congress on Occupational Health in Cape Town, South Africa. Taking up a full

day's schedule, the 5ICBW occurred over three consecutive sessions. The first session was titled "Developing simple guidance toolkit for employers." Susan Wilburn of WHO was co-chair of the 5ICBW and spoke on the Global Implementation Strategy for CB. Tom Grumbles, President of IOHA, spoke IOHA's role in the growth and internationalization of CB beginning 10 year's earlier in South Africa at an IOHA Board of Director's meeting north of Johannesburg. David Zalk, IOHA envoy and 5ICBW co-chair, presented on something with potentially more controversy in title alone, whether CB can be considered better than traditional occupational hygiene. The focus was on two important aspects where this may be considered true, when uncertainties exist (e.g. without OELs or with nanomaterial) and CB's role in the growth of the occupational hygiene profession with university programs in developing countries and international collaborations. Ayyappan Ramalingam of Sri Ramachandra University in Chennai India gave an excellent presentation on the 3-tiered approach to chemical risk management (CB) that has been developed for Southern India. A multi-regional effort to build a more expert-based CB Toolkit has begun its validation, a qualitative risk assessment process for larger industries serves to prioritize funding using a quantitative to qualitative decision matrix, and the need for a simpler approach for SMEs that requires the development of occupational safety toolkits and a train-the-trainer process to ensure the chemical toolkit can be put into practice as safety professionals are far more abundant than occupational hygienists in India.

### **CB as Risk Communication**

The second session of the 5ICBW was titled "Practical tools for primary prevention", focusing on existing processes that other countries can learn from. Henri Heussen of the Netherlands presented first on Stoffenmanager 4.0, offering a demonstration for the audience of the newest version of the Dutch toolkit which is expanding in scope greatly while offering a new version which is much more easier to use for SMEs. Henri had also taught a workshop for the National Institute of Occupational Health in South Africa in advance of the ICOH Congress and had already drummed an impressive level of national and regional interest. Stravroula Leka of the University of Nottingham in the UK presented on the Psychosocial Risk Management (PRIMA) Toolkit and its latest stages of development. The need for the PRIMA was seen throughout the ICOH Congress with multiple sessions and speakers discussing the topic. Rolf Packroff of Germany presented the EMKG 2.0 CB Toolkit model that has become quite popular in his country. Very interesting was Rolf describing the manner in which the EMKG had become an excellent risk communicator, promoting the existence

of occupational hygiene in Germany to Occupational Physicians (OP). CB discussions do not involve the quantitative sampling component, which is a legal obstacle for OPs discussing risk assessments, so it opens a dialogue on the occupational hygiene scope of work, as occupational hygiene is still not a recognized profession in Germany. This same concept of CB as risk communication was also shared by Dr. Heussen, as the Stoffenmanger presentations to OPs, who focus on the curative rather than preventative, often lead to the statement “oh, so that’s what you do!” Additionally, presenting at the second session on the Ergonomics Checkpoints was Dr. Kazutaka Kogi of Japan, who attended almost all of the 5ICBW and was elected President of ICOH later in the week. In addition, a poster presentation was given by Custodio Muianga of Mozambique, discussing the many toolkits that he is introducing in his country to determine the most appropriate design for implementation and dissemination. The third session was titled “Emerging models for control banding toolkits”. The Korean KOSHA Control Toolkit for Industrial Chemicals was shown to be quite successful in communicating the need for engineering controls, through nice visual graphics, as implementation requiring upgrades are funded by national programs. The CB Nanotool was then presented, reflecting how its qualitative risk assessment approach is growing quickly and has been included in many national nanomaterial control programs. Hans Thore Smedbold of Norway offered an update of the ChemiRisk approach and the Man, Technology, Organization (MTO) perspective that CB offers. Christolph Kowalski of the Netherlands presented on an OP toolbox to improve cooperation between them and general physicians in communicating work-related issues to each other in a risk-based matrix. When Susan Wilburn of WHO complemented this approach and asked how an occupational hygienist can be involved in the matrix, Dr. Kowalski, an OP himself, said “until this workshop I did not know what an occupational hygienist was!”



Immediately following the last presentations and discussions of the 5ICBW, the International Technical Group on Control Banding (ITG) met. It was an impressive list of attendees at the ITG meeting with 11 attendees from 10 countries (Photo left) sharing a

unified vision for the occupational hygiene profession and CB efforts.

This ITG meeting sought to finalize a summary document their efforts over the past five years and to utilize the outcomes and discussions of the 5ICBW in order to capture them in a previously developed document covering the next five years, the ITG Work Plan for 2009 – 2014. The key item to add to this new Work Plan, as learned from the 5ICBW, was relating to the delineation and clarification of the term ‘occupational health’. We had discovered that this term does not always acknowledge the occupational hygiene profession, or even its existence, and CB offers a unique opportunity to overcome this pervasive hurdle. This point became quite prescient at the closing session. Dr. Kogi, in his address to the ICOH Congress as their new President, outlined his agenda for the next three years. His first objective is to advance proactive risk assessments and toolkit approaches. He specifically acknowledged the 5ICBW and how CB can address new and old issues in a simplified approach. It is recommended that IOHA pursue collaborations with ICOH on this topic.

**Note from the Editor:** This activity was held in connection with the 2009 ICOH Congress. As joining efforts becomes increasingly necessary, it is important to note that the 5ICBW was a WHO, ILO, IOHA, ICOH and CB ITG collaborative activity, also including an IEA presentation, therefore it was the most complete ICBW to date. And you may see that many important talks also took place on a boat trip – there is also fun in these meetings, as you can see in the photos below.



*Dave Zalk seriously considering all CB options*

*Susan Wilburn, Henri Heussen, and Rolf Packroff having great CB discussions*



## NEWS from MEMBER ASSOCIATIONS

From BOHS, UK

Sent by Anthea Page, Communications Manager, BOHS

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### **BOHS appoints new Chief Executive**

The British Occupational Hygiene Society (BOHS) is delighted to announce the appointment of Steve Perkins as its new – and first ever – Chief Executive. Replacing a long-standing Executive Secretary following retirement, this new role will provide the consistent direction and management required to maximise the opportunities for growth and development of the Society and, according to Roger Alesbury, BOHS President, Perkins “is undoubtedly the right man for the job”.



As the health issues of public concern shift with time, technology and societal expectations, so occupational hygiene has to be prepared to change its focus. Membership of the Society must continue to evolve and represent the full range of disciplines currently active in workplace prevention, and the Society itself must demonstrate leadership and relevance within the wider occupational health field.

“I am excited to have taken on this position, and ambitious for BOHS to build on its strengths and enhance its reputation, influence and services,” states Perkins. “Occupational hygiene has always been at the vanguard of science in practice in the workplace, and its relevance is just as important in today’s workplaces as it ever was. Our aim is to reduce work-related ill-health; the latest figures published by the Health and Safety Executive show that an estimated 28 million working days are lost annually due to work-related ill-health (compared to six million due to workplace injury) so there is clearly a lot still to be done – both in bringing ill-health prevention higher up the national agenda and in improving people’s working lives. I look forward to helping BOHS make a real difference.”

Steve Perkins is 43, and has a degree in Physics from Oxford University. He began his career at Rolls-Royce Aerospace in 1987 working in aero-acoustics research, where he became a company specialist. Whilst with Rolls-Royce he went on to work in Project Management, IT and

Business Improvement. In 2002 he moved into the voluntary sector becoming Operations Manager for EMCF Ltd, one of Derby’s largest faith-based charities, and has since held a number of senior management positions with EMCF.

### **BOHS Bedford Prize awarded posthumously to lead author for paper on occupational hygiene research among drug manufacturing workers**

BOHS’s latest Bedford Prize has been awarded to a team

from the University of Leuven in Belgium for a paper about the protection of pharmaceutical production workers from the potential harmful effects of active pharmaceutical ingredients (APIs). The ‘Thomas Bedford Memorial Prize’ is BOHS’s oldest award, presented to lead authors of the most outstanding paper published in the Society’s journal, *Annals of Occupational Hygiene*. Sadly, the lead author of this paper, Nadine Van Nimmen, died of cancer at the age of 42, and was awarded her PhD posthumously. The paper was based on part of this work; the Bedford Prize, which would have been presented to her at the BOHS Annual Conference in 2009, was sent to her family, also posthumously.

This paper presents very relevant occupational hygiene research into worker exposure to APIs, something which poses a significant challenge for the drug manufacturing industry. The authors have dealt with a particular agent, opioid narcotic analgesics, from the beginning to the end – by developing analytical methods for analysing both dermal and air samples at very low concentrations, and then evaluating actual exposures in the field and recommending optimal control measures. Commenting on the paper, the Editor in Chief of the *Annals*, Dr Trevor Ogden, said, “This study is a very nice example of what occupational research is all about and how it should be performed.” The paper can be read in full or in abstract on the *Annals* website: <http://annhyg.oxfordjournals.org/cgi/content/abstract/50/7/665>

The Bedford Prize is awarded every other year. Anyone can nominate papers to the shortlist, and the choice is then made by a panel of the journal Editorial Board and recent presidents of BOHS.

### **From the USA**

### **ACGIH and AIHA Announce Plans to Develop Strategic Alliance**

Sent by Tony Rizzuto, Executive Director, ACGIH

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The American Conference of Governmental Industrial Hygienists (ACGIH) and the American Industrial Hygiene Association (AIHA) announced on 1<sup>st</sup> June 2009, their

plans to develop a closer alliance with one another. This proposed alliance is an opportunity for ACGIH and AIHA to do what each organization does best while cooperating



more closely than ever before; it is not a merger, nor is it a move toward unification.

If approved by both Boards and the ACGIH® membership, it is hoped that the alliance will result in a sustainable member organization and a scientific oriented organization. AIHA will administer a single, U.S. IH membership organization. ACGIH® will autonomously focus on practice standards and guidelines. Both organizations will share services that will manage costs, drive efficiencies, and avoid duplication of efforts.

"We do not see this as a step to a full merger or unification," said AIHA President Lindsay E. Booher, CIH, CSP. "In fact, this strategic alliance provides both ACGIH® and AIHA with appropriate autonomy while simultaneously giving us the opportunity to share resources."

"We believe that today, more than ever, ACGIH® and AIHA must do more to work in a more strategic manner in order to ensure that our resources are utilized to the greatest degree possible," said Jimmy L. Perkins, PhD, CIH, ACGIH® Chair. "This will ensure the future success of industrial hygiene."

The ACGIH® and AIHA Boards approved a Summary of Principles for the Strategic Alliance on Sunday, May 31. They agreed that forming a Strategic Alliance which builds on the strengths of ACGIH® and AIHA is the key to our long-term success.

The Boards have appointed representatives to work with the chief staff officers to further plan implementation of the alliance terms. These representatives will report back to

the Boards in the fall of 2009. In the meantime, various communications vehicles will be put in place to seek input from the memberships of both ACGIH® and AIHA, including a specific website devoted to the proposal ([www.acgihaihaalliance.org](http://www.acgihaihaalliance.org)), "town hall" style meetings by conference call, blogging, podcasting, possible articles, and an "Ask the Leadership" session on Tuesday, June 2, from 10:30 to 11:30 am in the Convention Center, Room 705 South. If our work this summer is successful, an ACGIH® member vote would occur in the Fall of 2009. It is our hope to begin implementing changes in 2010.

"A temporary website ([www.acgihaihaalliance.org](http://www.acgihaihaalliance.org)) is being sponsored by the ACGIH® and AIHA Boards of Directors," Booher says. "The purpose of this site is to answer any questions that you may have about the strategic alliance. You will find a link to a "Frequently Asked Questions" document, links to ACGIH®'s and AIHA's websites, and perhaps most importantly, an opportunity for you to provide us with your feedback and input during this important process. We ask that you actively support this strategic alliance by reaching out to your colleagues and peers in the profession."

Perkins added, "We anticipate conducting due diligence this summer. Assuming this due diligence reflects appropriate economic, legal, and strategic alignment, it is ACGIH®'s intent to put forth to its members a vote to shift the nature of the ACGIH® structure. This action requires a two-thirds vote of the ACGIH® regular members in order to pass and take effect. There is no vote required of the AIHA membership, as there is no substantial change anticipated in its mission, vision, structure, or governance."

## **AIHce Keynotes Provide Attendees with Firsthand Education on "Discoveries Beyond Borders"**

**Sent by Melissa Hurley Alves, AIHA Communications**  
**Email: [mhurley@aiha.org](mailto:mhurley@aiha.org)**

The 70<sup>th</sup> annual American Industrial Hygiene Conference and Exposition (AIHce), held in Toronto, Canada, and co-sponsored by the American Industrial Hygiene Association (AIHA) and the American Conference of Governmental Industrial Hygienists (ACGIH), kicked off its conference program on Monday, 1 June 2009, with an opening address by Peter H. Diamandis, MD, chairman and CEO of the X PRIZE Foundation.

Following Monday's keynote speech, Edward L. Quevedo, JD, special counsel and chair for the Sustainability Practice Group and faculty member for Green MBA Program in Sustainable Enterprise at Dominican University of California, presented his discussion *Sustainable Development Beyond Borders: Taking an Active and Meaningful Role in Advancing Sustainability and Corporate Responsibility in Your Organization*. The final general session presentation, *Taking Science Beyond Borders: Global EHS Issues of Nanotechnology*, was given by Kristen Kulinowski, PhD, faculty fellow with the Department of Chemistry at Rice University in Houston, Texas, director of external affairs at the Center for Biological and Environmental Nanotechnology (CBEN), and director at the International Council on Nanotechnology (ICON).

In Monday's opening general session, Diamandis discusses the challenges that inspire creativity and spur innovation in *Challenges, Progress, Innovation: Predicting the Future by Creating It*. Through the X PRIZE Foundation, Diamandis is revolutionizing the way the world thinks about its problems and their solutions. Diamandis believes that challenge, properly structured, can encourage progress in eliminating current obstacles that seem impossible to breach.

"The best way to predict the future is to create it yourself," Diamandis said. He used the examples of historical breakthroughs, such as space exploration, and technical inventions to motivate attendees to make their own technological advances and urged them to "think beyond the boundaries you've set and that society has set."

Quevedo's address on Tuesday, June 2, focused on what sustainability is and how it relates to business and the world of health and safety. In his presentation, Quevedo used a variety of case studies as examples of how occupational health and safety and industrial hygiene professionals can play a significant role in creating sustainability initiatives or helping their organization navigate a strategy for the benefit of maximum risk



management.

Quevedo also tackled sustainable development, addressing the need for businesses to take environmental and social responsibility for their actions. According to Quevedo, "Sustainable development is living well and intentionally taking care of those who depend on you as though tomorrow mattered."

In the final general session discussion presented on Wednesday, June 3, Kristen Kulinowski, PhD, examined the present information that exists concerning the health and safety impacts surrounding the use and production of

nanomaterials. Though a reasonable amount of information regarding the hazards of nanomaterials exists, Kulinowski claims that it isn't sufficient information to use for making management decisions. "There is a robust global community now working to improve knowledge about nanomaterials," Kulinowski said.

For more information, contact AIHA ([Infonet@aiha.org](mailto:Infonet@aiha.org)), Carol Tobin, AIHA Meetings and Education ([ctobin@aiha.org](mailto:ctobin@aiha.org)) or Melissa Hurley Alves, AIHA Communications ([mhurley@aiha.org](mailto:mhurley@aiha.org)).

## From JAPAN

### Japan Association for Working Environment Measurement (JAWE): General Meeting of the fiscal year 2009

Sent by Masayoshi Karasawa, Special Adviser, JAWE

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The Japan Association for Working Environment Measurement held an Ordinary General Meeting of the fiscal year 2009, on 27 May 2009, in Tokyo. In the Meeting, Mr. Shigeru Oshita,

Managing Director, Nippon Steel Corporation, (pictured right) was elected as the New President of JAWE, succeeding Mr. Kizoh, Hirayama, Director, Nippon Steel Corporation, (pictured left) Immediate Past President, whose dedicated work for over one and a half terms (3 years) was highly appreciated. At the same time, the Board of Directors of JAWE, decided to have Mr. Kizoh, Hirayama as JAWE Chief Adviser, because of his great achievements in the field.

The Meeting was held with the objective of approving the business report and the accounting report for the fiscal year 2008, the JAWE programme and the budget for the fiscal year 2009, as well as holding a new election of President and other Directors of JAWE, who retired from their positions in the middle of their term. These subjects were approved unanimously in the General meeting.

The Meeting was attended by 688 full members of JAWE, including the ones who entrusted the proxy vote to the President.

At the beginning of the Meeting, Mr. Kizoh Hirayama (Director, Nippon Steel Corporation), President of JAWE, presented the opening address and stated that JAWE conducted successfully all the projects that were planned for the fiscal year 2008, including the General Accuracy Cross Check Project.

Next, Mr. Shigeru Asuka, the Executive Director of JAWE, explained the business report and the accounting report for the fiscal year 2008 as well as the business programme

and the budget for the fiscal year 2009 of JAWE. He stated that, in the fiscal year 2008, JAWE:

1) Trained 966 (about 7% decrease compared with the last fiscal year) Occupational Hygienist in the field of Working Environment Measurement as the activity of the Registered Training Institution under the Working Environment Measurement Law, Japan.

2) Under the trust of the Ministry of Health, Labour and Welfare, Japan, JAWE trained, with regard to asbestos, 762 Licensed Industrial Hygienists in the field of Working Environment measurement or other competent analytical specialists (about 8 % increase compared with last fiscal year), belonging to 464 analytical agencies, in theoretical training courses, and, 208 ones (about 8 % decrease compared with last fiscal year), belonging to 183 analytical agencies, in practical training courses.

3) JAWE conducted the Accuracy Cross Check Project concerning the Evaluation of Asbestos in Bulk and Airborne Samples (see article on this subject on the April 2009 issue of the IOHA Newsletter, under Contributions from Readers)

4) Conducted a new course, namely the "Specialized Continuing Education and Training Course on Risk Assessment and Risk Management of Chemical Substances and other Environmental Factors" for a total number of 59 participants.

Moreover, he explained that, in the business programme for the fiscal year 2009, the following projects have been incorporated:

A. For the first time in Japan, to complete a new Continuing Education Training Course, using the "Handbook for Risk Assessment and Risk Management of Chemical Substances and other Environmental Factors" consisting of a total number of 93 hours/points, and conduct a completion examination for the said course.

B. To launch the New Certification System entitled "Certified Occupational Hygienists by the Japan Association for Working Environment Measurement (JAWE)", which JAWE aims to have certification in the near future by the National Accreditation Recognition System of IOHA.

C. A General Accuracy Control Project conducted independently by JAWE.

D. An advanced training course on the Evaluation of Asbestos in Bulk Materials, as well as an accuracy control project, by cross-check of bulk blind samples (e.g., construction materials containing asbestos) and airborne blind samples.

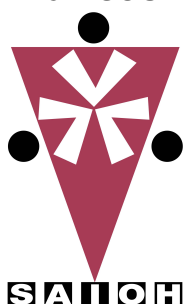
At the end of the General Meeting, the new election of the President of JAWE as well as supplementary Directors of

JAWE was held; Mr. Shigeru Oshita was elected as the President of JAWE.

Finally, Mr. Hideo Ozawa, Director General, Department of Occupational Safety and Health, Labour Standards Bureau, Ministry of Health, Labour and Welfare, Japan, who attended the General Meeting, as a distinguished guest, addressed congratulatory message.

JAWE, as an association, would like to contribute as much as possible to the improvement the Working Environment, the prevention of occupational diseases as well as the success of the 11<sup>th</sup> Occupational Accident and Disease Prevention Plan from the fiscal year 2008 to 2012, which the Ministry of Health, Labour and Welfare, Japan, announced in the fiscal year 2009 based on the Occupational Safety and Health Law.

## From SOUTH AFRICA



### *Celebrating 25 years of organized occupational hygiene in Southern Africa*



*The Southern African Institute for Occupational Hygiene (SAIOH) recently held a Gala Evening to celebrate 25 years of the profession in southern Africa.*



At the ceremony SAIOH's longstanding representative on the IOHA Board, Rob Ferrie, (pictured right) was presented with a special award for his contribution to the Institute over the past 25 years.

In 1976 a Commission of Inquiry into Occupational Health in South Africa identified an urgent need for occupational hygiene skills.

And, as a result, the few (approximately 15) persons actively practicing in this field took it upon themselves to establish an occupational hygiene Association. It was officially launched in March 1983.

It was gradually recognised that a more ambitious system was needed that would examine and register hygienists meeting acceptable professional standards. A separate Institute was finally established in February 1992 to carry out this function. This Institute was subsequently granted membership of the International Occupational Hygiene Association in Stockholm in 1996.

The merger of the Association and the Institute in March 2000 created a single organisation for the promotion of occupational hygiene awareness and the certification of professional hygienists in the region.

Thanks to SAIOH the profession of occupational hygiene in southern Africa has continued to grow. There are now some 476 members registered in the Assistant, Technologist and Hygienist categories.

SAIOH successfully hosted, the IOHA 6<sup>th</sup> International Scientific Conference in 2005 at the Pilansberg Game Reserve.

In 2006 the certification procedures put in place by the SAIOH Certification Board were formally recognised by the IOHA National Accreditation Recognition Committee.

Rob Ferrie, who had represented SAIOH on the IOHA Board and the IOHA National Accreditation Recognition

Committee for many years, was elected as President of IOHA from 2006 till 2008. Rob will be stepping down from IOHA at the Toronto meeting in June this year but Deon Jansen van Vuuren who has represented SAIOH on the NAR Committee of IOHA will be taking his place.



Under the guidance of the new President, Melinda Venter, (pictured left) SAIOH expects to continue to grow and to continue to take its rightful place in IOHA over the next 25 years.

**Congratulations SAIOH!**

## From BRAZIL

### Brazilian Association of Occupational Hygienists (ABHO)

Sent by José Pedro Dias, E-mail: [Jdias10@its.inj.com](mailto:Jdias10@its.inj.com)

The IV Brazilian Congress of Occupational Hygiene and of the XVI Brazilian Meeting of Occupational Hygienists, events accomplished annually by the Brazilian Association of Occupational Hygienists (ABHO), will be held in São Paulo City, from 19 to 23 August 2009. As in previous years, lectures, conferences and professional development courses will be offered, as well as exhibition of products and services.

The lectures and conferences, as well as the products and services exhibits will happen from 19 to 21 August, in the Fecomércio Events Center, located at Dr. Plínio Barreto St, 285 - São Paulo. The courses will be held at Novotel Jaraguá-SP Convention Center, located at Martins Fontes St., 71, during the weekend of 22-23 August 2009.

This year, the main theme of the event is "ABHO 15 YEARS - Occupational Hygiene adding value to a sustainable world". A society that struggles to have a healthy population should not have to waste resources with medical treatments and compensation to victims. It is important to invest in technology, in order to be more productive and competitive in the international market, but never overlooking the protection of people and the environment. Considering the importance of prevention, ABHO is committed to play its role in the sustainability process and, for this reason, this theme was selected for the event.

The sub-themes of the IV Congress and XVI Meeting are the following:

- Occupational Hygiene in the Context of Sustainability
- Sustainable Occupational Hygiene Programs
- Occupational Hygiene Experience in Anticipation
- Valuing Industrial Ventilation in Brazil
- Updates in GHS and REACH
- Nanotechnology
- TLV Documentation

- Free themes

Four courses are programmed:

- 1 - Introduction to the Occupational Hygiene
- 2 - Economical Engineering Applied to the Prevention
- 3 - Applied Ventilation in Confined Spaces
- 4 - Emerging Issues in Environmental Evaluation

The lecturers and teachers will be professionals of well-known competence. Not only Brazilian, but also European, Canadian and USA occupational hygienists will participate. Danilo Cottica, president of the International Occupational Hygiene Association (IOHA) and Steve Bailey, president of the British Association of Occupational Hygiene (BOHS) will attend the conference.

Registrations can be made on the ABHO site: [www.abho.org.br](http://www.abho.org.br)



## ***NEWS from WHO Collaborating Centres***

**University of Illinois at Chicago Great Lakes Centers for Occupational and Environmental Health, USA**

***GeoLibrary - a global electronic library of occupational and environmental health training materials and practice tools***

**Sent by Leslie Nickels E-mail: [lnickels@uic.edu](mailto:lnickels@uic.edu)  
and Amy Melvin E-mail: [abowli@uic.edu](mailto:abowli@uic.edu)**

The training of occupational safety and health professionals in the low resource countries is one of the priority areas under the World Health Organization (WHO) Collaborating Centres' Work Plan to achieve the WHO goal of "Occupational Health for All." Obstacles to training include lack of in-country training programs, lack of training materials, costs of training, and intellectual property protection of many training materials. The Internet provides a mechanism for occupational safety and health educators and practitioners to rapidly access and download training materials for self-instruction or training of others.

Under the auspices of the WHO Occupational Health program, the University of Illinois at Chicago Great Lakes Centers for Occupational and Environmental Health, a collaborating center, developed a global electronic library (GeoLibrary) of occupational and environmental health training materials and practice tools. The key features of this library include: 1) free access; 2) public domain; 3) interface in six languages (English, French, Spanish, Russian, Arabic, and Chinese); 4) easy to follow, branching index; and 5) search ability. The GeoLibrary can be accessed via the internet at [www.geolib.org](http://www.geolib.org).

Training materials are placed in the library through a network of contributing editors, which includes WHO Collaborating Centres in Occupational Health, national institutes, university programs, and non-governmental organizations working in the fields of occupational and

environmental health. The GeoLibrary currently contains 5300 occupational health training tools and practice guides along with 800 environmental tools and materials. A new branch, Specialty: Road Safety at Work, was added in 2008 and currently has 1055 entries. These resources are available in many forms some of which include: complete courses, webcasts, tutorials/modules, factsheets, databases, and sample/ model programs and guidelines. Most recently, the Pan American Health Organization (PAHO) named the GeoLibrary as the primary database for information related to H1N1 influenza A.

During May 2009, Germany, the United States and the United Kingdom were the top three countries accessing the site most often, although over 92 countries have accessed the library over the past 3 years. The top five entries viewed during the previous month include: Safer Driving Manual, Driving at Work: Managing Work-Related Road Safety; Driving for Work; Safe Driving Policy; and Occupational Health a Manual for Primary Healthcare Workers.

Library resources are submitted by contributing editors from occupational health programs around the world. If you would like to become a contributing editor please contact Leslie Nickels at 312-413-1113 or [lnickels@uic.edu](mailto:lnickels@uic.edu) or University of Illinois at Chicago, 2121 W. Taylor St. Chicago, IL 60612

### **National Institute for Occupational Safety and Health (NIOSH), USA**

***Educational Institutions, Workers and Employers Join Forces to Prevent Occupational Transmission of Bloodborne Pathogens among Health Care Workers in South America***

**Sent by María Sofía Lioce-Mata (NIOSH) E-mail: [cru6@cdc.gov](mailto:cru6@cdc.gov)  
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Susan Wilburn (World Health Organization) E-mail: [wilburns@who.int](mailto:wilburns@who.int)**

The World Health Organization (WHO) found that among the 35 million healthcare workers (HCWs) worldwide, there were 3 million percutaneous exposures to bloodborne pathogens in 2000. Worldwide, the burden of hepatitis B, hepatitis C, and human immunodeficiency virus (HIV) infection among HCWs attributable to occupational exposure to percutaneous injuries fraction is 39%, 37%, and 4% respectively, with wide regional variation.<sup>1</sup> Furthermore, in Latin America the attributable fraction in health care workers, due to sharps injuries, is about 83%

for HBV, 55% for HCV and 11% for HIV.<sup>2</sup>

To protect healthcare workers from occupational transmission of bloodborne pathogens, the National Institute for Occupational Safety and Health (NIOSH) and WHO started a project in South Africa, Tanzania, and Vietnam. The project developed a toolkit entitled "Protecting Healthcare Workers: Preventing Needlestick Injuries Toolkit", available both as a CD (Figure 1) and

from the WHO website (direct link: [http://www.who.int/occupational\\_health/activities/pnitoolkit/en/index.html](http://www.who.int/occupational_health/activities/pnitoolkit/en/index.html)).



**Figure 1 - CD "Protecting Healthcare Workers: Preventing needlestick injuries toolkit"**

In collaboration with the Pan American Health Organization (PAHO) this

project is now being implemented in South America.<sup>3,4,5</sup> The two key elements of this project include a toolkit in Spanish titled "Protección de la Salud de los Trabajadores de la Salud: Prevención de Lesiones por Pinchazo de

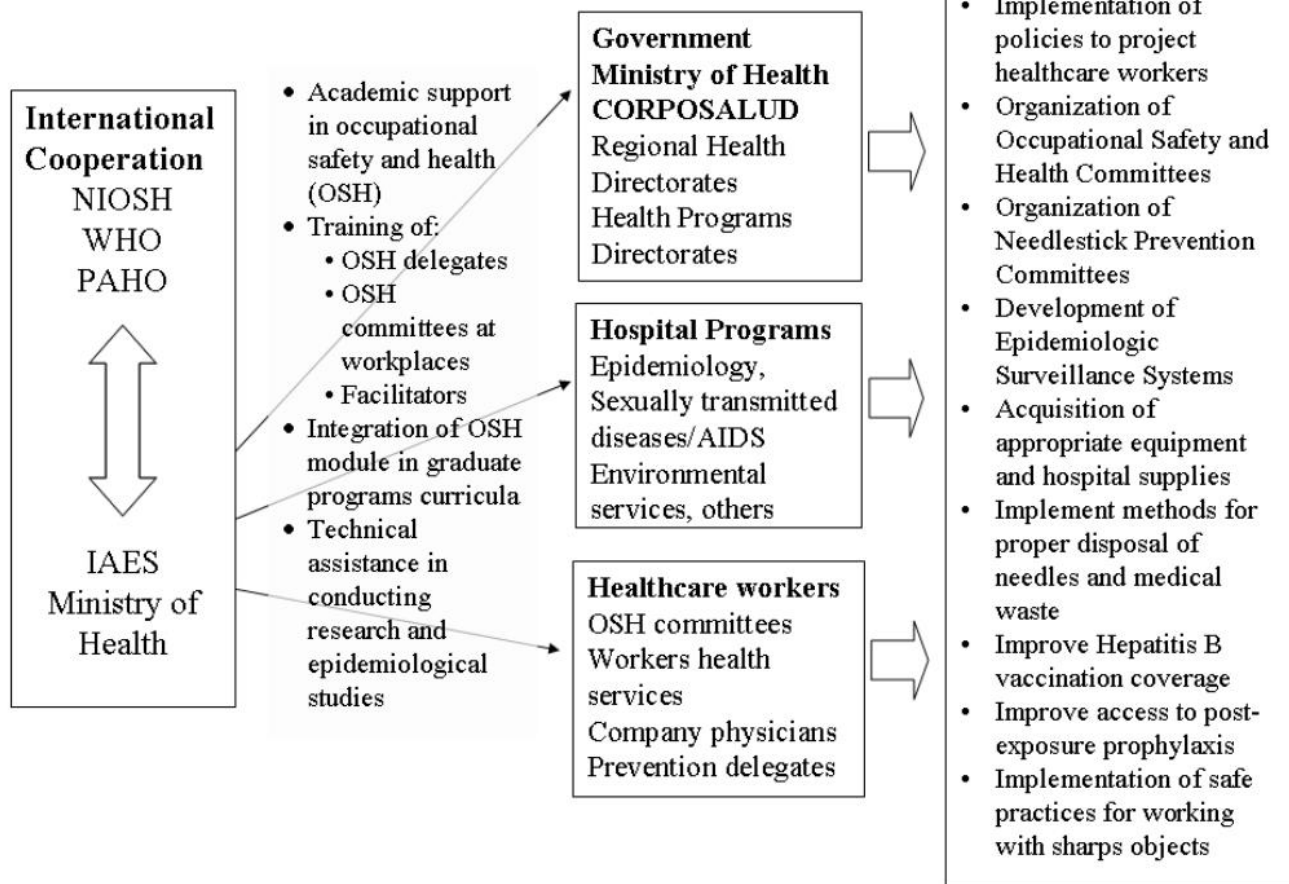
Aguja", presented on a CD (Figure 2), available from WHO and PAHO websites and a conceptual model (Figure 3) aimed at developing sustainable expertise within academic institutions, employers and frontline workers.<sup>5,6</sup>



**Figure 2 – CD "Protección de la Salud de los Trabajadores de la Salud: Prevención de Lesiones por Pinchazo de Aguja"**

**Figure 3 - Conceptual model for the prevention of occupational transmission of bloodborne pathogens**

### Conceptual Model for the *Preventing Occupational Transmission of Bloodborne Pathogens Project in Venezuela*



The implementation of this global initiative in Latin America began with a pilot project in Venezuela and has expanded to Peru. The factors that contributed to the success of this project include:

1) existence of general and specific regulations for the protection of the health of workers;

2) involvement of occupational health educational institutions, healthcare workers, and employers;

3) active occupational safety and health committees;

4) international technical cooperation; and

5) a model for implementing technical cooperation projects.

## Indicators of Success

Since its beginning in 4 hospitals in the Aragua State in Venezuela in 2007, this project has reached 210 healthcare facilities in the hospital network, the outpatient network, and occupational health centers in 12 states. This project is lead by the Autonomous Service Institute of Higher Education in Public Health "Dr. Arnoldo Gabaldón" (IAES) and CORPOSALUD Aragua State in Venezuela. Eight national institutions have joined these leaders including: the Venezuelan Ministry of Health; the Venezuelan Institute of Public Health; the National Institute of Health, Prevention and Labor Safety (INPSASEL); Petroleum of Venezuela (PDVSA); the Venezuelan Red Cross; Petrochemicals of Venezuela (PEQUIVEN); and the Central University of Venezuela (Universidad Central de Venezuela).

The content of the project has been incorporated in the curricula of regional graduate programs in Public Health in 8 states; in Epidemiology programs in 3 states; in the Occupational Health program in the IAES; and in the graduate program in Occupational Hygiene of the "Universidad Bolivariana de Venezuela." Technical expertise was transferred to about 800 graduate students and 500 trainers at the national level using the methodology of the 3-day "train-the-trainers" workshop. It is estimated that about 30,000 healthcare workers have been reached with this project. The lessons learned with this pilot project in Venezuela will allow the expansion of this initiative to other countries of the Americas Region and other regions of the world.

### ***How can you become involved?***

For information on how to implement this project in your country, please contact Susan Wilburn ([WilburnS@who.int](mailto:WilburnS@who.int)) at the World Health Organization, the Pan American Health Organization representation in your country and send a copy of your message to Maritza Tennessee (PAHO, Washington DC, [tennassm@paho.org](mailto:tennassm@paho.org)), Maria Lioce (NIOSH, [cru6@cdc.gov](mailto:cru6@cdc.gov)) or Walter Alarcon (NIOSH, [wda7@cdc.gov](mailto:wda7@cdc.gov))

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<http://www.bvsde.ops-oms.org/pinchazo/files/main.htm>  
<http://www.cepis.ops-oms.org/pinchazo/files/main.htm>  
In English: Protecting Healthcare Workers: Preventing needlestick injuries toolkit  
[http://www.who.int/occupational\\_health/activities/pnitookit/en/index.html](http://www.who.int/occupational_health/activities/pnitookit/en/index.html)
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<http://www.cepis.ops-oms.org/ssmanual/Sinterface.htm>



## NEWS from EU-OSHA

Sent by Jukka Takala, Director EU-OSHA E-mail: [takala@osha.europa.eu](mailto:takala@osha.europa.eu)  
and Birgit MÜLLER E-mail: [muller@osha.europa.eu](mailto:muller@osha.europa.eu)

### 20 Years of Prevention Based on Risk Assessment



On 12 June 1989 the EU adopted an OSH framework directive to ensure a higher degree of protection of workers at work, covering all European workplaces based on the principle of prevention based on a prior risk assessment. The framework is based on implementation of preventive measures, and information, consultation, and training of workers and their representatives.

The [Council Directive 89/391/EEC](http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/c11113_en.htm) is available online at: [http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/health\\_hygiene\\_safety\\_at\\_work/c11113\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/c11113_en.htm)

### Fieldwork starts on European survey of enterprises on new and emerging risks (ESENER)

In the April 2009 issue of the IOHA Newsletter, the European survey of enterprises on new and emerging risks (ESENER) was presented. This is a major European-wide establishment survey on health and safety at the workplace, including new and emerging risks. Managers and health and safety representatives are being asked about how workplace risks are managed, particularly focusing on psychosocial risks. As a result a picture of these practices will be available including detailed analysis on what measures are taken in which countries.

The survey aims at assisting workplaces to deal more effectively with health and safety and promote the health and well-being of employees. It will provide policy makers with cross-nationally comparable information relevant for the design and implementation of new policies in this field.

*Continued information on this ongoing and important EU effort can be found at:* <http://osha.europa.eu/en/riskobservatory/riskobservatory/enterprise-survey/about-the-survey>

### New European Risk Observatory Literature Review on Nanoparticles

The "Literature Review - Workplace exposure to nanoparticles" reviews the most recent publications on nanoparticles and focuses on the possible adverse health effects of workplace exposure. The report presents the regulatory background and activities taken to manage this emerging risk.

**This Literature Review is available online at:**

[http://osha.europa.eu/en/news/publications/literature\\_reviews/workplace\\_exposure\\_to\\_nanoparticles/view](http://osha.europa.eu/en/news/publications/literature_reviews/workplace_exposure_to_nanoparticles/view)

### EU-OSHA Annual Report 2008: health and safety in hard times

The Agency's Annual Report for 2008 argues that European organisations cannot afford to cut back on workplace safety in the current economic downturn. The Report also highlights significant Agency achievements over the year, including the Healthy Workplaces campaign on risk assessment and the new Agency Strategy for 2009-13, which sets out how the Agency will work in the years ahead to reduce occupational accidents and work-related diseases.

The full Annual Report in English and its summary in all EU languages will be soon available at the EU-OSHA web site: [http://osha.europa.eu/en/publications/annual\\_report](http://osha.europa.eu/en/publications/annual_report)

## Contributions from Readers

### INTERNATIONAL

#### International Training Modules for Occupational Hygiene - status report June 2009

Sent by Roger Alesbury E-mail: [roger.alesbury@uk.bp.com](mailto:roger.alesbury@uk.bp.com)

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Brian Davies E-mail: [bdavies@uow.edu.au](mailto:bdavies@uow.edu.au)

For the time being, we are using the name Occupational Hygiene Training Association (OHTA) to identify the group working on the development of the international training modules for occupational hygiene. Since our article in the April IOHA Newsletter, the programme has continued to expand and there is growing interest from organisations and companies around the world. We are in discussion with a number of IOHA member organisations and some other countries about use of the training modules. Details of the scheme and its development were discussed at the BOHS conference in Eastbourne, during a meeting of Presidents of European Occupational Hygiene Societies.

During the AIHCe in Toronto, Roger Alesbury attended the IOHA board meeting to provide an update on progress and to answer queries from the board. The Board agreed to discussions being held with OHTA with regard to the possibility of signing a Memorandum of Understanding between the two organisations (IOHA and OHTA). In addition, the possibility of providing some funding towards

the cost of an OHTA website was raised, and when additional information is provided, the matter will be brought back to the Board for further discussion.

Toronto also provided an opportunity for a workshop to look at the future development of the scheme and alignment with activities underway in AIHA, ABIH and AAIH.

The Occupational Hygiene Society of Ireland (OHSI), the South African Institute of Occupational Hygienists (SAIOH), the Hong Kong Institute of Occupational and Environmental Hygiene (HKIOEH) and the French Occupational Hygiene Society (SOFHYT) have joined BOHS, AIOH and AIHA in signing the Memorandum of Understanding and plans are being developed for them to run the scheme in their countries. Many other countries have expressed an interest in the MoU and there are ongoing discussions that are likely to lead to more widespread adoption of the scheme.

### BELGIUM

#### The SOBANE Strategy

Sent by Jacques Malchaire E-mail: [jacques.malchaire@uclouvain.be](mailto:jacques.malchaire@uclouvain.be)

The SOBANE strategy for the management of occupational risks was developed in 2000 and is recognized worldwide. Its aim is to make risk prevention faster, more cost-effective and more effective in coordinating the contributions of the workers themselves, their management, the internal and external Occupational Health (OH) practitioners and the experts. It comprises four levels of intervention: *Screening*, *Observation*, *Analysis* and *Expertise*.

- **Screening:** the risk factors are detected by the workers and their management and obvious solutions are implemented.
- **Observation:** the remaining problems are studied in more detail, one by one, and their reasons and possible solutions are discussed in detail.
- **Analysis:** when necessary, an OH practitioner is called upon to carry out appropriate measurements and develop specific solutions.

- **Expertise:** when dealing with very complicated and rare problems, which require sophisticated measurements and solutions, the assistance of an expert is called upon.

A guide for the participatory screening of the risks (in French: Dépistage Participatif des Risques), *Déparis*, is proposed for the first level of the strategy: the *Screening*. The guide is used during a 2 hour meeting of key-workers and technical staff. The work situation is systematically reviewed and all the aspects conditioning the easiness, the effectiveness and the satisfaction at work are discussed, in search of practical prevention measures. The points to be studied more in detail, at the level 2 - *Observation*, are identified.

This method has proved to be simple, time saving and with a good cost-benefit, therefore it may play a significant role in the development of a dynamic plan for risk management and for a culture of dialogue in enterprises.

The Déparis guide contains 18 tables, covering the majority of factors that influence, not only safety and health (absence of diseases) but also well-being, professional satisfaction and productivity for all. These 18 tables cover the following topics: Premises and working areas; Work organization; Work accidents; Electricity, fire and explosions; Controls and signals; Work material, tools, machines; Work postures; Efforts and handling operations; Lighting; Noise; Chemical and Biological risks; Thermal environments; Vibration; Autonomy and individual responsibilities; Work content; Time constraints; Relationships between workers and with the hierarchy; Psychosocial environment.

Versions of this guide have been developed for some 30 types of industrial sectors or jobs.

The Observation guides for the level 2 of the SOBANE strategy were developed for 15 domains of risks, namely:

1. Social facilities
2. Safety (accidents, falls...)
3. Machines and hand tools
4. Electricity
5. Fire and explosion
6. Lighting
7. Work on VDUs
8. Noise
9. Thermal environment
10. Chemical agents

11. Biological agents
12. Musculoskeletal disorders
13. Whole body vibration
14. Hand-arm Vibration
15. Psychosocial factors.

All documents were developed in the two official languages of Belgium: French and Dutch. Many of them however have been translated in various languages: English, Spanish, Portuguese, Italian, Arabic and Chinese.

These documents, as well as many examples, articles and programmes are available from the website of Prof. J. Malchaire: [www.deparisnet.be](http://www.deparisnet.be).

With the translation programmes now available, all documents can easily and quite reliably be converted from French to English.

The website [www.deparisnet.be](http://www.deparisnet.be) is regularly updated as it intends to share all the experiences with SOBANE and Déparis in the world.

If you are interested, if you want to produce a document of the SOBANE series in another language, if you need assistance understanding and using these guides, please contact Jacques Malchaire at the address [jacques.malchaire@uclouvain.be](mailto:jacques.malchaire@uclouvain.be).

## CANADA

### The IRSST's Summary on Cleaning and Decontamination of Workplaces Containing Beryllium

Sent by Maura Tomi, Communications Division, IRSST, Canada

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The IRSST has just published a summary of good cleanup and decontamination practices for workplaces where beryllium (Be) is found.

The present study will allow industries where beryllium is present to be supported in developing a cleaning and/or decontamination protocol so that they can achieve acceptable levels of beryllium. The project's objective is to produce a decontamination guide that will be a complement to the publication "Summary of good cleanup and decontamination practices for workplaces with beryllium containing dust" to meet specific needs (*Dion, 2005*). The research report presents the laboratory and field studies that will improve knowledge about the evaluation of cleaning solutions, three surface sampling techniques, and the cleaning and decontamination techniques used in the field. A decontamination guide will be published separately.

Good cleaning practices for premises where beryllium is used or handled are necessary in preventing the accumulation of beryllium on work surfaces. Such an accumulation can result in resuspension of the beryllium particles in the air of the work area where these particles were.

During decontamination of premises where beryllium is present, as with other contaminants such as asbestos and lead, safety measures must apply for maintenance workers and for the people working close to the decontamination zone. The techniques used during maintenance of contaminated zones or equipment must prevent the dispersion and re-suspension of the dust. Two cleaning principles are generally used: vacuum cleaning using a vacuum equipped with a high efficiency (HEPA) filter, and wet cleaning with detergent.

To download the report, please visit: <http://www.irsst.qc.ca/files/documents/PublIRSST/R-614.pdf>



## INDIA

### Deaths of Workers in Sewage Repairs

Sent by Chandranshu Pandya E-mail: [cgpandya@yahoo.com](mailto:cgpandya@yahoo.com)

Off and on we have been getting newspaper reports of deaths of workers in sewage repairs. Whether it was in Delhi, Hyderabad, Bangalore or Ahmedabad, the problems have remained more or less the same. One of the reports in 2007 says that in the last 5 years, there were some 80 deaths of such workers in one of the states in India. Considering the whole country, this figure could obviously be in thousands. As late as in May 2009, a press report from Bangalore says that some 10 workers in sewage manholes had died of asphyxiation in one year. While the High Courts in some of the states in the country have given specific directions to municipalities to make use of mechanical systems for sewage cleaning operations, most of the work is still being done manually through contractors.

The principal cause of these deaths is the inhalation of hydrogen sulfide gas generated by sewage. This colourless gas, which smells like rotten eggs in low concentrations, has the unfortunate ability to paralyze the olfactory perception at higher concentrations (above 225 mg/m<sup>3</sup>, or 150 ppm), hence odour can no longer be a

warning signal. When workers inhale high concentrations, usually found in sewage lines inside manholes, they become unconscious in a matter of seconds. Unable to breathe oxygen, they face almost immediate death.

It is rather unfortunate but the fact remains that for all such types of "dirty" manned operations, there are hardly any norms laid down in municipalities to ensure systematic training, proper inspections and full range of equipment and systems. In this type of work, it is essential to have portable measuring direct-reading instruments to test the atmosphere before entering and, if needed (which is usually the case), portable ventilation systems, as well as adequate and well maintained respiratory protective equipment and harnesses so that a worker standing outside may pull the worker inside, should he collapse.

It is very important that in carrying out these tasks, no shortcuts are employed and that safety, health and environment aspects are fully taken into consideration and documented accordingly at every stage.

## KENYA

### Safe and Healthy Workplaces are Created through Continuous Training and Evaluations

Sent by Charles B. Odhiambo (DOHSO – Malindi)  
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*"To ask men in such underdeveloped traditional societies why they work is similar to asking why they stay alive. This is not true for modern industrial man. To ask him what he seeks from his work is to ask a reasonable question, for work has more meaning than mere survival or maintaining tradition..."* Anonymous

#### Introduction

Training means helping people to learn how to do something, telling people what they should or should not do, or simply giving them information. Training is not just about formal 'classroom' courses. Concerning our interest herein it would involve transfer of information geared towards saving lives, particularly on safety and health of both skilled and unskilled workers. Worker training in occupational safety and health may serve many different purposes. Too often, worker training is viewed only as a way to comply with governmental regulations or to reduce insurance costs by encouraging individual workers to follow narrowly defined safe work behaviours. Worker education serves a far broader purpose when it seeks to empower workers to take an active part in making the workplace safe, rather than simply to encourage worker compliance with management safety rules.

Whether one is an employer or self-employed, are they sure that they are up to date with how to identify the hazards and control the risks from their work? Do they know how to get help from their health and safety enforcing authority or any consultant in their country? Do they know what they have to do about consulting their employees, or their representatives, on health and safety issues? If not, as been observed with many employers, especially in Africa, then one would probably benefit from occupational health and safety training.

#### Why Occupational Health and Safety Training?

Today's workplace is quite different from those of ten years ago and vastly different from those of twenty years ago. New technologies and new attitudes have all contributed to produce a workplace where safe practices and procedures must be followed to ensure the safety of all. Yet, how many of us have ever received comprehensive job-specific safety and health training? More importantly, how many of us are ever required to review and update this essential training?

All too often, workers are ushered into the new job with only a brief mention of basic safety procedures, because it is assumed that they "come equipped" with information about the specific hazards they are likely to encounter.

This can be a big mistake, because failure to train and/or adequately train continues to be among the workplace safety “regulators” most frequent grounds for citations. Employers can never assume that their employees share their beliefs about safety unless they take an active role in seeing that they are properly trained.

### ***OHS Inspectors should act as precursors in training***

Few of us have first-hand accident investigation experience and techniques, but when we walk into any worksite, we are likely to note even the most basic safety guidelines being ignored. Specifically, doors are left open, protective clothing and equipment are not being used, work areas are cluttered with improperly stored materials, and unauthorized personal items seem to be everywhere. Why is it that people ignore basic safety and health guidelines designed to protect them?

One factor is that most workers feel that safety is such a simple and intuitive thing that “everyone” will know what to do if an accident occurs. Also, there is denial (or ignorance?), as evidenced by the repeated “it’s not going to happen to me” remarks voiced to safety trainers. The longer workers perform the same tasks, the more routine the tasks become. In time, perceived “mastery of the obvious” breeds disregard for the possibility of hazard. As it happened recently in at a dry dock area in Mombasa when the jib of crawler crane collapsed without being exposed to any load. At that particular moment a driver with 20 years experience was handling it. Experienced and familiar workers tend to become complacent, overlook the risks, take shortcuts, and assume that they are performing in a safe manner when the exact opposite might be true. The first step in safety and health training design is to identify the problems, which need to be addressed. This may be done for the entire organization, for a particular location or for a particular job. Alternatively, the analysis of training needs may have a specific focus, for example, compliance with safety and health legislation or the performance of the joint safety and health committee.

The behavior of the manager and supervisor plays a big role in establishing the overall “safety climate”. If the supervisor never wears personal protective equipment when working and never enforces these practices with others, then why should we expect others working in the same area to do any differently? As you might imagine, age and gender also play a role. Those who are most likely to adhere to safety procedures and practice “defensive safety habits” are more likely to be female and some “seasoned” employees, while those least likely to adhere to safety procedures and take excessive risks are “young” and male.

As indicated earlier in this paper the rate at which workplaces change with new innovations is so rapid that, if an inspector does not keep pace with the relevant required information as concerns the inherent hazards brought by new inventions, then his work becomes obsolete, period. This is a situation which is made worse by the fact that the prescriptions offered by national legislation on occupational health and safety take even longer time to change with prevailing circumstances. All these combined militate against the inspector from being a precursor in occupational health and safety training among the workers. This is manifested by the fact that the inspector himself

would not be competent enough to pinpoint the inadequacies concerning health and safety in a new innovation because he is not well informed in the related matters. When the employer and some of the workers know much more about the safety issues of the innovations than the inspector, then the inspector would have great difficulties in doing thorough inspections and would not be even in a position to provide useful advice to neither the employer nor the workers.

Training can and will produce positive results if it is based on clearly defined needs specific to the workplace and if it is delivered with a view to those needs and the ways in which adults learn. This is, of course, true for safety and health training as well. The principles of safety and health training are no different from those, which apply to any form of industrial training. Indeed, a good case can be made for the integration of skill training along with safety and health training wherever possible.

Training objectives must be specific because, if they are not, evaluating whether the training has been successful will prove difficult. Specifically defined objectives also help determine appropriate training contents and delivery methods. Training objectives or goals establish the results that training should achieve. Instructional methods include a number of techniques such as lectures, problem-solving exercises, small group discussion and role-playing. The way in which adults learn differs from the way children learn in several important aspects. Adults approach the task of learning in possession of life experiences and a developed concept of self. Above all, adult training involves change. As with any change, acceptance is dependent on the learners’ belief that they have some control over the change and that the change is not perceived as threatening.

Careful consideration should be given to the selection of trainers and the scheduling of training. In selecting trainers, two equally important abilities must be sought: knowledge of the subject and teaching ability. On the whole, it is easier for people to acquire knowledge than teaching ability. In most workplaces, including the shop floor, there will be a number of people who have a natural teaching ability, and they will have the advantage of knowing the workplace and being able to understand practical examples. They can be used to convey information to fellow colleagues easily. In small group learning, a “group learning facilitator” may be used in place of a trainer. In this case, the facilitator is learning along with the group but has responsibilities for the learning process.

### ***Conclusion***

No matter how successful training is in meeting objectives, its effect will decline with time if reinforcement is not provided in the workplace on a regular and consistent basis. Such reinforcement should be the routine responsibility of supervisors, managers and joint safety and health committees and sometimes the inspectors. It can be provided through regular monitoring of performance on the job, recognition of proper performance and routine reminders through the use of short meetings, notices and posters.

## PORTUGAL

### Indoor air quality - an occupational hygiene concern

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Ambient air quality (outdoor) has improved greatly in recent decades. During this same period, indoor air non-industrial settings has declined partly because of the introduction of new building materials, furnishings and equipment, namely electronic devices, and partly because the reduction of ventilation rates. High energy prices and comprehensive energy conservation campaigns have motivated people to isolate dwellings and it is known that ventilation is necessary to remove indoor-generated pollutants (including human bio-effluents – CO<sub>2</sub>) from indoor air, or dilute their concentration to acceptable levels. These developments and the fact that people in industrialized countries spend on average 90% of their lives indoors, makes the quality of indoor air an important environmental issue with far-reaching implications for human health and comfort (Wargocki 2001; Sundell 2004). Known health effects of indoor chemical and biological contaminants include allergies, other hypersensitivity reactions, airway infections and cancer. In recent years, the effects of IAQ on productivity also became an issue as a result of extensive research and an understanding of the strong connections between poor indoor quality and reduced personal ability to perform specific mental activities requiring concentration, calculation or memory (Shaughnessy et al. 2006).

Complaints about IAQ range from simple complaints, such as “the air is “smelling odd”, to more complex ones, where the air quality causes illness and loss of work time. Two terms have been coined to classify the symptoms and illness, namely, “Building Related Illness” (BRI) and “Sick Building Syndrome” (SBS).

“Building-related illnesses” (BRI) are classified as non-communicable illnesses that may be objectively diagnosed and clearly associated with pollutants or contaminants inside buildings. These include toxic diseases, infections and allergic lung diseases. Persons affected may need prolonged recovery times after leaving the building.

The term “sick building syndrome” (SBS) refers to a heterogeneous group of work-related symptoms, including irritation of the skin and mucous membranes of the eyes, nose, and throat, headache, fatigue, and difficulty in concentrating. These are considered illnesses because of the occurrence of symptoms, even though affected workers do not have objective clinical or laboratory abnormalities and causative agents cannot be found. The majority of persons with this type of syndrome report relief soon after leaving the building.

SBS is considered an important occupational health problem, in view of the fact that 50% of the entire workforce in industrialized countries works in this type of building, and that typically 20-60% of occupants suffer from symptoms associated with SBS.

Three major reasons for poor IAQ are the following:

- i) the presence of indoor air pollution sources;
- ii) Unforeseen or poorly planned uses for the building,

when it was designed or renovated;

- iii) poorly designed, operated and/or maintained ventilation systems.

IAQ problems in schools may be even more serious than in other categories of buildings, due to higher occupant density and to the frequent poor construction and/or maintenance of school buildings. Consequently, increased incidence of allergic and infectious diseases, as well as comfort complaints, has been related to IAQ problems in schools (Ekmekcioglu and Keskin 2007). Poor indoor environment may also affect intellectual performances (teaching/learning activities) and group behaviour (Wargocki et al. 2005). Therefore, schoolteacher teams have been a focus of recent interest in occupational settings.

A recent study was developed in Portuguese schools, located in Oporto city (n=11), in order to evaluate the impact of IAQ in schools on the prevalence of health symptoms among teachers (Madureira et al, 2008). A sample of teachers was selected, that fulfilled these inclusion criteria: no indication of chronic diseases (respiratory and/or dermatologic), full time employment, and more than two years working in the same school with a labour agreement (n=177; response rate: 66.8%). Complaints and symptoms were collected by using a self-administrated Indoor Air Questionnaire based on the Swedish basic MM-questionnaire (Andersson et al. 1993). Walk-through surveys of school grounds, buildings and individual classrooms (n=76), as well as indoor air monitoring, were performed.

The results demonstrated a high prevalence of teachers reporting health symptoms mainly fatigue (69%), headache (63%) and mucosal irritation/upper respiratory symptoms (60%). Significant increase in symptoms among teachers was related to poor IAQ. The concentrations of carbon dioxide (CO<sub>2</sub>), suspended particulate matter (PM), total volatile organic compounds (TVOC) and bioaerosols were, respectively, 4.4, 2.8, 2.4 and 4.3 times higher indoors than outdoors. CO<sub>2</sub> concentrations widely exceeded the guideline reference value of 1000 ppm (reference for acceptable ventilation rates) for more than 75% of the classrooms. Higher PM concentrations were associated with the use of chalk and indoor activities like cleaning or moving during breaks. Schools located nearby traffic lanes presented higher benzene and toluene levels. Health complaints and safety issues rise in schools, when chemicals or other toxic substances are in use (e.g., in science laboratories, art classrooms, cleaning activities) and cannot be vented out. The guideline for total viable microorganism concentration was exceeded in 35.6% of the classrooms. Comfort climate parameters (temperature, relative humidity and air velocity averages) were within acceptable ranges.

These results indicate the need for proactive indoor air quality audits in schools as well as in other non-industrial



workplaces. The IAQ audits should be undertaken by competent professionals (e.g., occupational hygienists) at regular intervals. The audit should involve both a physical inspection of representative items and measurements of IAQ parameters. Items inspected should include building maintenance, rooms divisions and occupancy, and ventilation systems. An IAQ audit should include evaluations of parameters such as temperature and relative humidity (to check for thermal comfort), carbon dioxide (to indicate whether the amount of fresh air is sufficient), and airflow (to indicate whether the volume of supplied air is adequate). Other indoor air quality parameters, e.g., suspended particulate matter, VOC and bioaerosols, should also be evaluated in order to better understand health complaints.

**Note:** In the European Union, the Directive 2006/32/EC on "energy end-use efficiency and energy services" will contribute to better IAQ, as it deals with energy performance of buildings and measures to reduce building impacts on human health through better design, construction, operation and maintenance.

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